

Attachment B

Proposal Application Identification Form, Application, and Sample Table of Contents

STATE OF HAWAII
THE JUDICIARY

FOR OFFICE USE

JUD APP NO. _____

PROPOSAL APPLICATION IDENTIFICATION FORM
RESPONSE TO RFP NO. J05100

SERVICE SPECIFICATION NO. / CODE / DESCRIPTION: _____

Check one: ☐ INITIAL POS PROPOSAL APPLICATION

☐ FINAL REVISED PROPOSAL (COMPLETED ITEMS _____ - _____ ONLY)

1. APPLICANT INFORMATION:

LEGAL NAME: _____

DBA: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

2. Contact person for matters involving this application:

Name _____

Title _____

Phone # _____

Fax # _____

e-mail _____

3. TYPE OF BUSINESS ENTITY:

☐ NON PROFIT CORPORATION

☐ FOR PROFIT CORPORATION

☐ LIMITED LIABILITY COMPANY

☐ SOLE PROPRIETORSHIP

☐ PARTNERSHIP

4. FEDERAL TAX ID #: _____

5. STATE TAX ID #: _____

6. STATE AND DATE OF INCORPORATION : _____

7. DESCRIPTIVE TITLE OF APPLICANT'S PROGRAM:

8. TARGET GROUP:

9. Geographic area(s) applicant is able to serve:

☐ East Hawai'i

☐ Kaua'i

☐ West Hawai'i

☐ Leeward O'ahu

☐ Maui

☐ Central O'ahu

☐ Moloka'i

☐ Windward O'ahu

☐ Lana'i

☐ Honolulu

10. General population(s) applicant is able to serve:

☐ Infants and toddlers: 0-3 years of age

☐ Children 3-5 years of age

☐ Children: 5-10 years of age

☐ Adolescents: 10-18 years of age

☐ Adolescents & Adults: 18-21 years of age

☐ Adults: 21-59+ years of age

☐ Elders: 60+ years of age

☐ Families

11. FUNDING REQUEST:

FY _____:

FY _____:

TOTAL: _____

12. LICENSING AND BUSINESS STATUS QUALIFICATION:

☐ APPLICANT IS PREREGISTERED.

☐ APPLICANT IS NOT PREREGISTERED-FORM SPO-H-100A AND
REQUIRED DOCUMENTATION IS ATTACHED.

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE: _____

AUTHORIZED SIGNATURE

NAME & TITLE

DATE SIGNED

POS Proposal Application

I. Background and Summary

II. Experience and Capability

A. Necessary Skills

B. Experience

C. Quality Assurance and Evaluation

D Coordination of Services

E. Facilities

III. Personnel: Project Organization and Staffing

A. Proposed Staffing

B. Staff Qualifications

C. Supervision and Training

D. Organization Chart

Both the “Organization-wide” and “Program” organization charts shall be attached to the POS Proposal Application.

IV. Service Delivery

V. Financial

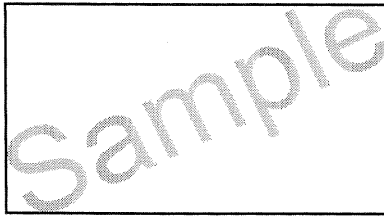
Pricing Structure

The following budget form(s) are submitted with the POS Proposal Application:

Other Financial Related Materials

VI. Other

A. Litigation



Organization:
RFP No:

POS Proposal Application Table of Contents

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A.	Cost Proposal	
1.	SPO-H-205 Proposal Budget for FY 2006 and 2007	
2.	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
3.	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
4.	SPO-H-206C Budget Justification - Travel: Interisland	
5.	SPO-H-206E Budget Justification - Contractual Services - Administrative	
B.	Other Financial Related Materials	
1.	Financial Audit for fiscal year ended June 30, 2004.	
C.	Performance and Output Measurement Tables	
D.	Program Specific Requirements	